

CASE REPORT

Traumatic Dislocation of a Contact Lens into the Eyelid

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A 21-year-old male ballet dancer was referred in September 1968, complaining of a swelling, present for nearly two years, in the medial portion of the left upper eyelid.

The patient had been fitted with contact lenses by an optician after referral by another ophthalmologist in September 1963. In May 1965 the patient was involved in a fracas with one of his fellow performers in the dressing room. He was punched directly in the left eye and immediately perceived that his contact lens had been dislodged. Believing that it had dropped out of his eye, he searched on the floor for the lens but was unable to find it. He thereupon palpated through the eyelid to see if the lens was present in his eye, but because of pain and swelling he could not feel it and assumed that the lens was lost.

Afterwards he suffered some swelling and ecchymosis of the lids, and consulted his general practitioner to see if any damage had been done to his eye. The doctor found that no gross harm had been done and he was unable to locate any contact lens. The patient telephoned his contact lens fitter and ordered a replacement lens, at the same time explaining what had happened. He also asked if it were possible to lose a contact lens in the eye, but this possibility was dismissed at the time because he had been examined by his physician.

After the swelling had subsided and the bruising had disappeared, there remained a moderate ptosis of the left upper lid, and a slight intermittent mucoid discharge appeared one year later. The ptosis persisted from the time of injury to the time of examination—a period of 40 months.

The new lens tended to pop out at frequent intervals, which was something the original lens had never done. In December 1966, while removing make-up in the dressing room, the patient felt a swelling in his left upper lid near the inner canthus but did not think it was a contact lens. Because he travelled extensively

with the ballet and was not often at home, he failed to seek medical advice and waited until the discharge became a little more profuse and interfered with his work.

Examination revealed a moderate ptosis of the left upper lid in association with a small firm swelling near the medial canthus (Fig. 1). Eversion of the lid revealed a papillary conjunctivitis with a firm ulcerated edge above the tarsal ridge (Fig. 2). This area was biopsied and the pathologist reported chronic inflammation. Double eversion of the lid revealed a small draining sinus in the left upper palpebral conjunctiva near the inner canthus and extending into the fornix over the indurated mass (Fig. 3). A lacrimal probe was inserted into the sinus and found to impinge on a hard object with a definite click. It was realized that a contact lens had become buried subconjunctivally in the left upper fornix as the result of trauma (Fig. 4). Radiographs failed to visualize the lens.

The contact lens was easily removed at operation when there was the escape of a considerable amount of mucopurulent material (Figs. 5 and 6). The eye healed satisfactorily without complication, and the patient is now able to wear a contact lens without any difficulty.

COMMENT

Contact lenses have been reported lost in the eyelid for periods of time ranging from 12 days to 22 months.¹⁻⁴

In this case the contact lens lay embedded in the left upper lid for a period of 40 months, without causing any severe pain or discomfort and only a mild intermittent conjunctivitis.

It deserves emphasis that all patients who lose a contact lens and are unable to find it should be examined by an ophthalmologist. This should be clearly indicated on all printed instructions that are issued to contact lens patients. Double eversion of the lids is necessary and an assiduous search must be made for the lens, which may be buried subconjunctivally or lodged high up in the fornix.

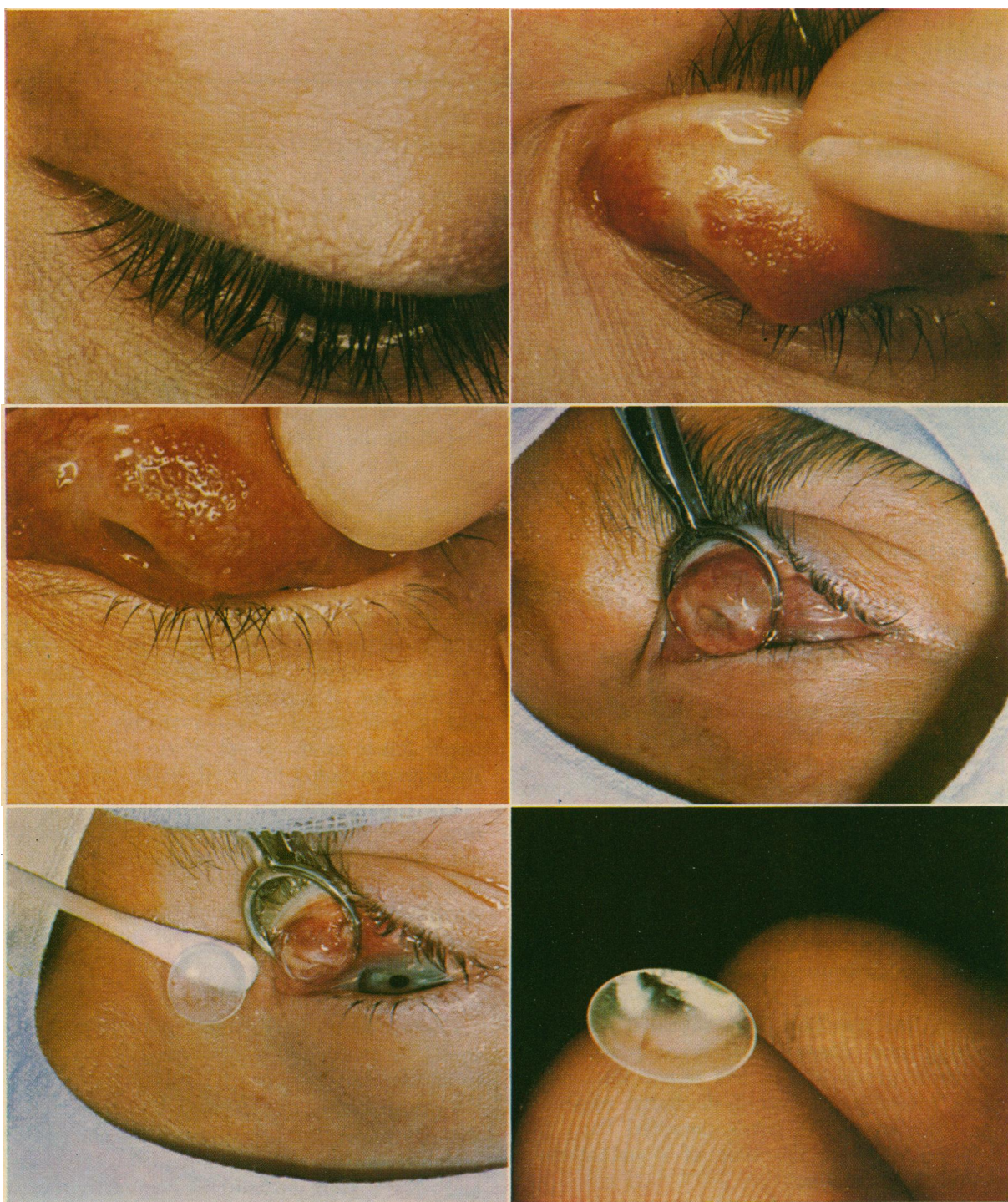


Fig. 1.—Upper left: a moderate ptosis of the left upper lid in association with a small firm swelling near the medial canthus. Fig. 2.—Upper right: eversion of the left upper lid revealing a papillary conjunctivitis. Fig. 3.—Centre left: double eversion of the lid revealing a small draining sinus in the left upper palpebral conjunctiva. Fig. 4.—Centre right: a lacrimal probe inserted into the sinus was found to impinge on a hard object with a definite click. Figs. 5 and 6.—Lower left and right: contact lens easily removed at operation accompanied by a considerable amount of mucopurulent material.

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